

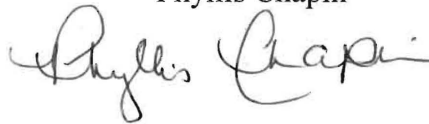
Media's Effects on the Patient

**An Honors Thesis (HONR 499)**

**By**

**Melissa Melgarez**

**Thesis Advisor**  
Phyllis Chapin

A handwritten signature in cursive script, reading "Phyllis Chapin".

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## Abstract

Media is something that is in people's lives almost every second of every day, whether it is the radio, television or advertisements that people see walking along the street in stores and on billboards. Constantly being barraged with this type of non-stop media is something that can affect every person, whether they are aware of it or not. Analyzing what happens when people are constantly exposed to different types of media and how they affect what patients expect at the hospital setting can be crucial to understanding and helping the patient in one of their greatest times of need. Looking at what is considered healthy and what is not, how medical staff are portrayed in television shows like *House* and *Grey's Anatomy* can be important to how a patient expects their stay to be in the hospital. This also influences what they consider to be good, healthy choices in their daily lives. I will look at research done on these subjects and analyze and synthesize the information to develop a better understand of how media affects our patients.

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The media is in a person's field of vision almost twenty-four hours a day, and whether it be consciously or unconsciously, can affect what decisions are made and how something is viewed. The news almost always has some new study stating that something is more effective than this or this will give you cancer or this can cause heart attacks and for the unknowing, not medically educated person, it can be daunting to hear that on the news. Another aspect of how someone looks at medical knowledge is by what they find on the internet, on television, or what they see in the television medical dramas that are currently extremely popular. The medical dramas are not reality, and some people end up seeing them as such, expecting certain happenings in the hospital that just do not occur under normal circumstances, and that can affect how the patient reacts to the health care team, whether positively or negatively. Overall, with a constant media focus, especially on health care matters, people can confuse reality and television, be confused with what is healthy and what is not, and that can affect what they tell the health care team and how they live their lives.

Current misconceptions about medications are everywhere. There are multiple commercials seen for different over-the-counter medications and there is a common thought among the population that if it is an over-the-counter medication that it cannot be harmful. In fact, over the counter medications can be very harmful as one doctor states in a Consumer Reports article. This doctor stated that at least once a month they see something called a rebound headache which is caused by overusing over the counter analgesics and what is worse, thirty one percent of patients admitted that they did not follow the directions on the bottle. These over the counter medications are considered to be "not as serious" as prescription medications by the general public and that is concerning because of the risk for gastrointestinal bleeding and the potentiality for liver or kidney toxicity from taking too much of certain over the counter

medications (Misconceptions about Medications, 2011). It is unclear if the constant media commercials on these drugs are what causes these misconceptions or if they are just a common misconception, but this and other similar misconceptions about health care are affecting how the public looks at health care and health care professionals, especially due to medical dramas.

There was a study done in 2010 that looked at some of the issues in medical dramas, focusing in on *House M.D.* and *Grey's Anatomy*. They found that out of three hundred and ninety six professionalism incidents, only about five percent of inter-professional and twenty eight percent of patient-professional interactions were considered close to exemplary, most were negative, especially in regards to respect. One of the other main departures from professionalism they noted was sexual misconduct. In these instances, only two out of fifty eight interactions were deemed exemplary. The deviations that were found in these medical dramas indicate that what people are seeing is much more negative than it is positive and while this study did not look at how it affected the viewers' view of actual healthcare situations, one can imagine that the expectations of healthcare, especially in hospitals, may not be what health care professionals want it to be (Czarny, Faden, & Sugarman, 2010). This is a limited view of two medical dramas and their interactions; however, it does point out a few potential major flaws in the public view of health care.

With this study, the negativity of what potential patients are seeing was found to be happening more often than not and with seeing these sorts of interactions, one could assume that the view of healthcare will be more negative than positive. This continued negative perception can affect how patients feel when going into a hospital or health care facility. The impact of these shows really needs to be studied so that more information can be gathered so that there is a better knowledge base of how these shows really are affecting the public. Unfortunately, for

now, one can only hypothesize on how it can affect the public and how it may cause problems in any type of health care facility. It can be assumed, then, that the more negativity and disrespect in a medical drama, the more likely the public may begin to see certain health care personnel as not important because that is how they are seen on television, or because they are not really shown on the medical drama at all. This perception can cause many different outcomes: it may cause people to look at certain professionals as more important than others, it may cause the public to avoid hospitals because they do not want to deal with the perceived disrespect, it may cause patients to expect complete care for one professional instead of another, and among many others, it may cause people to expect situations that are just not all that common.

One situation that has been studied is the success rate of cardiopulmonary resuscitation (CPR) in hospitals compared to the success rate on a medical drama. The normal success rate of CPR is between thirty-five to forty percent, yet the success rate on the television shows *Grey's Anatomy*, *ER*, *Holby City*, and *Casualty* the success rate was almost fifty percent (Harris & Willoughby, 2009). One of the main problems noted in this study, outside of the inaccurate resuscitation rates, was the portrayal of the long-term consequences after the successful CPR attempt. The issue with not showing this part of the hospital stay is that if a patient has gone without oxygen they become hypoxic, which causes damage to organs, especially the brain. What this means is that there could be a successful resuscitation, but the audience has no idea if there could be potential brain damage or anything like that and this can end up causing misconceptions about how long a person can undergo CPR and still be healthy after a successful resuscitation.

Another inconsistency the study found was that the average age of the patient that was undergoing the resuscitation attempt ended up being thirty six years of age, which is rather

young for a CPR attempt, especially when the average in reality is between sixty-five and seventy-five years old. The potential dilemma in this case is that, normally in an older patient, the survival rate drops due to the body being less able to handle the resuscitation purely due to age. A younger body is going to be able to handle the compressions on the sternum and the instant reoxygenation better than an aged or older body. This may cause a predicament where elderly patients feel that CPR is as likely to be successful on them as it would be a younger patient and then they choose to be a full code, which means that any life saving measures will be taken to save the patient (Harris & Willoughby, 2009).

Unfortunately, as with the television portrayals or professional interactions there is no information on how this may or may not affect the public's view on CPR. The study does mention that with all of the information that is available in the vast resource that is the internet, patient perceptions may be improved but that they also may be confused and that is where the job of the health care professionals comes in: to explain the positives and negatives of CPR, to explain and discuss any concerns or confusions due to perceptions from television or the internet, to make sure patients and families know exactly what is going to happen if/when they need CPR, and to bring a feeling of ease and comfort in the process of being at a health care facility as well as make sure that all questions are answered (Harris & Willoughby, 2009). Television dramas may have some benefits, especially when it comes to accurate health education.

The media has the ability to be used as a tool by healthcare professionals to get accurate and important information about health to the general public. A nurse who is an adviser for a television show said that there is some evidence that shows a connection between medical drama plots and public behavior. She said that, for example, if a character commits suicide on a television show, there may not be an increase in suicides, but there is potentially a link to what

way a person decides to commit suicide, based on what that character decided to do. She said that there might also be a link between story lines and screenings. She said that if there is a storyline on a television show about cervical cancer, within the following couple of months there was a significant increase in cervical screenings. It is not known why this increase occurred, if it was due to an increased public anxiety or increased awareness, however; the increase is a positive sign, especially for cancer screenings. She ends her article by saying that nursing has traditionally held a distant relationship with the media and television dramas; however, the media can be a tool and the experts should use it to help the public be more informed and make sure that they get the facts (Harmer, 2010). This shows that media messages are strong and can be influential in how the public views cancer or other chronic illnesses.

There was a study conducted a few years ago that looked at the misconceptions about cancer and how effective or ineffective the media was in regards to patients understanding about cancer, its risks and screenings. They found that spoken messages about cancer prevention are frequently misunderstood. In fact, a large percentage of people overestimated how much their actions can affect their health and how important screening practices were. They also overstated the protective value of these screenings. They found that people tended to understand the basic message of the information or the “gist,” but they really did not understand the whole picture (Mazor, et al., 2010).

It was also found that some people might tend to discount information presented in the media if they happen to know of an outlier to the study. In the study they used an example of another study coming out stating that sitting at a desk job all day can cause prostate cancer to show this occurrence in the general public. Through the screening of this media message, if the person watching this message knows of an active person that has a job that caused him to walk

all day and he got prostate cancer, the viewer can potentially end up discounting the message altogether thinking that the media has no idea what it is reporting on, especially with scientific studies. This instance could potentially be an immense problem due to the feeling of not needing to be screened or not needing to listen to the media at all. Since the media did not present one message that made sense to the viewer, the viewer concluded that none of it is relevant (Mazor, et al., 2010). Oversimplifications such as this can cause problematic misconceptions in the viewing public and this is just over one topic. Imagine how many new studies are talked about on the news every day and how many people have these or similar misconceptions and how many could be helped if an explanation could be given.

Finally, there was a study done on the misconceptions of people with chronic illness and heart disease in terms of what limitations there are on patients that have had a heart attack, how likely they are to have another heart attack, and how other chronic illnesses can potentially affect their chance of having a heart attack. They found that there was an overwhelming majority of patients who were convinced that once a person had one heart attack, they were bound to have another one, as well as the fact that any heart patients needed to limit physical fitness or exercise due to risk of having another heart attack. This ends up causing heart patients to feel that they cannot get physically fit or be involved in any sort of exercise.

There was also a misconception about the disease process itself, especially in people with hypertension and diabetes mellitus (two risk factors for heart disease). There was also some information found on how faulty beliefs end up being passed on to one another especially when that is the normal belief and it is more likely to be accepted as normal in society. The results showed that the misconceptions and misbeliefs need to be taken into account when doing any sort of patient teaching and that family should be included in on that teaching so that their needs



can be met as well (Lin, Wang, Tung, & Furze, 2012). Overall many of these misconceptions can be overcome with teaching from healthcare professionals and having health care professionals address these concerns truthfully and helping out the patient the best that they can.

Using all of this knowledge can be useful in ascertaining how a patient feels about different aspects of healthcare from CPR to medications to disease processes to preventative screenings to how they expect to be treated in a health care facility. Each and every one of these issues needs more research done to see exactly how patients can be affected. Helping the patient through their misconceptions to make sure that their anxiety is relieved and that they feel more adept in negotiating the continuous messages they get bombarded with through the media is equally significant. Every patient may be different in how they look at and use the information they find, and it may not just be the patient, but the family as well. It is obvious that there are misconceptions created in the public through media and internet and it is the health care professional's job to maneuver through them, correct the misconceptions and help every patient to the best of their ability.

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